SUMMER 2017 Step

Student Signature _

Stephen Decatur High School

Summer Academ

Arts Academy or
Credit Recovery Program

Dates June 26 - July 27

8:30am-12:30pm

Monday - Thursday

Credit Recovery Program No Fee!

Date _____

Course credits may be recovered in English 9, World History, United States History, Environmental Science, Foundations of Technology, or Physical Education/Health

Student Grade Entering September 2017Current School	Please return to Mrs. Mary Berquist, SDHS Curriculum Resource A143 (410) 641 - 2963 MCBerquist@mail.worcester.k12.md.us	
Primary Telephone Work Cell Emergency Contact Relationship Emergency Telephone Medical: (Please note any special medical needs/issues or dietary restrictions) My child WILL require bus transportation. My child WILL NOT require bus transportation. My child has permission to drive to the Summer Academy. My child has permission to ride with the following (other than parents/guardians) to and from the Summer Academy. Name of Alternate Transportation I understand that all of the same rules and regulations of Stephen Decatur High School and Worcester County Public Schools apply to the Summer Academy program.	Student	
SERVICE ACADEMY Work Cell Emergency Contact Relationship Emergency Telephone Medical: (Please note any special medical needs/issues or dietary restrictions) My child WILL require bus transportation. My child WILL NOT require bus transportation. My child has permission to drive to the Summer Academy. My child has permission to ride with the following (other than parents/guardians) to and from the Summer Academy. Name of Alternate Transportation Phone Number I understand that all of the same rules and regulations of Stephen Decatur High School and Worcester County Public Schools apply to the Summer Academy program.	Grade Entering September 2017 ——Current School ————	
SERVICE ACADEMY	Parent/Guardian	No Fee!
Work Cell	Address	CEDVICE
Work Relationship Combining service to the community with the arts, language arts, and technology. Medical: (Please note any special medical needs/issues or dietary restrictions) My child WILL require bus transportation. My child WILL NOT require bus transportation. My child has permission to drive to the Summer Academy. My child has permission to ride with the following (other than parents/guardians) to and from the Summer Academy. Name of Alternate Transportation Phone Number I understand that all of the same rules and regulations of Stephen Decatur High School and Worcester County Public Schools apply to the Summer Academy program.	Primary Telephone	
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Worcester County Public Schools apply to the Summer Academy program.	Name of Alternate Transportation Phone Number	_
Parent Signature Date		
	Parent Signature	Date